

Row # / Column Letter	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Estimated Member Month Calculations												
3	State of Florida - Conversion Renewal												
4	Enrollment Projections for the Time Period 07/01/02 - 06/30/04												
5													
6	Medicaid Eligibility Group (MEG)	All Regions											
7		Base Year (BY)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Year 1	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Year 2	Total Projected
8		SFY2002	7/1/02-9/30/02	10/1/02-12/31/02	1/1/03-3/31/03	4/1/03-6/30/03	(P1)	7/1/03-9/30/03	10/1/03-12/31/03	1/1/04-3/31/04	4/1/04-6/30/04	(P2)	(H+M)
9	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698	5,883,047	5,997,809	6,039,798	6,103,982	24,024,636	6,135,771	6,220,775	6,276,207	6,315,667	24,948,420	48,973,056
10	MEG 2 SCHIP (Medikids)	333,087	92,902	95,686	102,592	107,308	398,488	110,460	114,735	119,010	123,285	467,490	865,978
11	MEG 3	-					0					0	0
12	MEG 4	-					0					0	0
13	Total Member Months	23,690,785	5,975,949	6,093,495	6,142,390	6,211,290	24,423,124	6,246,231	6,335,510	6,395,217	6,438,952	25,415,910	49,839,034
14	Quarterly % Increase			2.0%	0.8%	1.1%		0.6%	1.4%	0.9%	0.7%		
15	Annualized % Increase Base Year to Year 1 to Year 2						3.1%					4.1%	
16													
17	Modify Line items as necessary to fit the MEGs of the program.												
18	State Completion Sections												
19													
20													
21													

State of Florida

Appendix D2.S Services in Waiver Cost

Row # /
Column
Letter

B

C

D

E

F

G

H

I

Services in Actual Waiver Cost (Comprehensive and Expedited)

State of Florida

Base Year Conversion Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.

* Please note with a * if there are any proposed changes.

State Plan Services									
Service Category	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	PCCM Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement	PAHP Capitated Reimbursement	PAHP Fee-for Service Reimbursement
Non-emergency Transportation	X								
IHS Inpatient									
Mental Health Facility									
Skilled Nursing Home									
ICF-MR Public									
ICF-MR Private									
ICF-Other									
Physician Services (includes psych)									
Outpatient Hospital (includes psych)									
IHS Outpatient									
Prescribed Drugs									
Dental Services									
Other Practitioners (includes psych)									
Clinic Services									
Lab or Radiology (includes psych)									
Home Health Services									
Sterilization's									
EPSDT Screening									
Rural Health Clinic									
FQHC									
Tribal 638									
HCBS Waivers									
Personal Care									
Other Care Services									
Family Planning									
Targeted Case Mgmt - MR Waiver									
Individualized Alternative or Enhanced Services									
PCCM Case Management Fees									
Managed Care Capitated Services									
Targeted Case Mgmt - MH/SA									

Row # /
Column
Letter

B

C

D

E

F

Administration in Actual Waiver Cost (Comprehensive and Expedited)

State of Florida

Base Year Conversion Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.

CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
1	FAMILY PLANNING		90% FFP	512187
2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS		90% FFP	
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	
B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	
C.	DRUG CLAIMS SYSTEM		90% FFP	
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	
4	OPERATION OF AN APPROVED MMIS:		75% FFP	
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS	Claims Processing	75% FFP	
B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP	
5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP	
B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP	
6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP	
7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	
8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	
9	NURSE AIDE TRAINING COSTS		50% FFP	
10	PREADMISSION SCREENING COSTS		75% FFP	
11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	
12	DRUG USE REVIEW PROGRAM		75% FFP	
13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP	
14.	TANF BASE		90% FFP	
15.	TANF SECONDARY 90%		90% FFP	
16.	TANF SECONDARY 75%		75% FFP	
17.	EXTERNAL REVIEW		75% FFP	
18.	ENROLLMENT BROKERS		50% FFP	
19.	OTHER FINANCIAL PARTICIPATION	Independent Assessment	50% FFP	100000
20	Total			\$ 612,187

*Allocation basis is ___% of Medicaid costs OR ___ % of Medicaid eligibles OR ___ other, please explain:

Add multiple line items as necessary to fit the administration of the program (i.e. if you have more than one contract on line 19, detail the contracts separately).

State Completion Sections

State of Florida

Appendix D3. Actual Waiver Cost

Row # / Column Letter	B	C	D	E	F	G	H	I	J
2	Actual Waiver Cost Conversion Renewal Comprehensive Version								
3	State of Florida								
4									
5									
6									
7	Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year (BY) Aggregate Costs						
8			MCO/PIHP Capitated Costs	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs	1915(b)(3) service costs	Administration Costs	Total Actual Waiver Costs (F+G+H+I)
9			(Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees			(not included in capitation rates, provide documentation)	(provide documentation)	(Attach list using CMS 64.10 Waiver schedule categories)	
10									
11									
12									
13	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698		\$ 69,598,612	\$ 69,598,612			\$ 512,187	\$ 70,110,799
14	MEG 2 SCHIP (Medikids)	333,087		\$ 23,840	\$ 23,840				\$ 23,840
17	Total	23,690,785	\$ -	\$ 69,622,452	\$ 69,622,452	\$ -	\$ -	\$ 512,187	\$ 70,134,639
18	BY Overall Casemix for BY (BY MMs)								

Modify Line items as necessary to fit the MEGs of the program.
State Completion Sections

State of Florida

Appendix D3. Actual Waiver Cost

Row # /
Column
Letter

B

C

K

L

M

N

O

Actual Waiver Cost Conversion Renewal Comprehensive Version

State of Florida

Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year (BY) Per Member Per Month (PMPM) Costs				
		State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)	Total Actual Waiver Costs (J/C)
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698	\$ 2.98	\$ -	\$ -	\$ 0.02	\$ 3.00
MEG 2 SCHIP (Medikids)	333,087	\$ 0.07	\$ -	\$ -	\$ -	\$ 0.07
Total	23,690,785					
BY Overall Casemix for BY (BY MMs)		\$ 2.94	\$ -	\$ -	\$ 0.02	\$ 2.96

Modify Line items as necessary to fit the MEGs of the program.

State Completion Sections

Row # /
Column
Letter

B

C

D

2

Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)

3

State of Florida

4

Prospective Years 1 and 2 (P1 and P2)

5

Conversion Renewal

6

* If a change please note

7

8

Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	X	Tab: D5; Column J; Row: 13-14, 30-31
State Plan Programmatic/policy/pricing changes		
Administrative Cost Adjustment	X	Tab:D5; Column Y; Row 13-14, 30-31
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Other		

15

State Completion Sections

Row # /
Column
Letter

B C D E F G H I J K L M N O

Waiver Cost Projection Conversion Renewal Comprehensive Version

Note: Complete this Appendix for all Prospective Years
Waiver Cost Projection

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	Base Year Per Member Per Month (PMPM) Costs					Prospective Year 1 (P1) Projection for State Plan Services**						
		State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	Base Year PMPM State Plan Service Costs* (Same as D13-D18)	* State Plan Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (KxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((H+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698	\$ 2.98	\$ -	\$ -	\$ 0.02	\$ 3.00	\$ 2.98	5.4%	\$ 0.16		\$ -	\$ 0.16	\$ 3.14
MEG 2 SCHIP (Medikids)	333,087	\$ 0.07	\$ -	\$ -	\$ -	\$ 0.07	\$ 0.07	19.7%	\$ 0.01		\$ -	\$ 0.01	\$ 0.09
Total	23,690,785												
P1 PMPM Casemix for BY (BY MMs)		\$ 2.94	\$ -	\$ -	\$ 0.02	\$ 2.96	\$ 2.94	5.4%	\$ 0.16	0.0%	\$ -	\$ 0.16	\$ 3.10

* For comprehensive waivers, Columns D, E, F, G and H are columns K, L, M, N, and O from the Actual Waiver Cost Spreadsheet D3. For expedited waivers, sum the CMS-64.9 WAV and 64.21UWAV forms and divide by the member months for column D.
Sum the CMS 64.10 WAV forms and divide by the member months for Column G. Sum D+G for Column H.
** If additional columns are needed in order to identify all of the adjustments being made, please insert the appropriate number of columns and label them accordingly.

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**						
		P1 PMPM State Plan Service Costs (same as O13-O18)	P1 PMPM Incentive Service Costs (same as S13-S18)	P1 PMPM 1915(b)(3) Service Costs (same as W13-W18)	P1 PMPM Administration Service Costs (same as AA13-AA18)	P1 PMPM Total Actual Waiver Costs (same as AB13-AB18)	P1 PMPM State Plan Service Cost Projection (Same as D30-D35)	* State Plan Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (KxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((H+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698	\$ 3.14	\$ -	\$ -	\$ 0.02	\$ 3.16	\$ 3.14	2.0%	\$ 0.06		\$ -	\$ 0.06	\$ 3.20
MEG 2 SCHIP (Medikids)	333,087	\$ 0.09	\$ -	\$ -	\$ -	\$ 0.09	\$ 0.09	3.8%	\$ 0.00		\$ -	\$ 0.00	\$ 0.09
Total	23,690,785												
P2 PMPM Casemix for BY (BY MMs)		\$ 3.10	\$ -	\$ -	\$ 0.02	\$ 3.12	\$ 3.10	2.0%	\$ 0.06	0.0%	\$ -	\$ 0.06	\$ 3.16

Row # / Column Letter	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
2	Actual Waiver Cost Conversion Renewal Comprehensive Version													
3	State of Nebraska													
4	Note: Complete this Appendix for all Prospective Years													
5	Waiver Cost Projection													
6														
7														
8	Medicaid Eligibility Group (MEG)	P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
9		Base Year PMPM Incentive Costs* (Same as E13-E18)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P1 PMPM Incentive Cost Projection (P+R)	Base Year PMPM 1915(b)(3) Service Costs* (Same as F13-F18)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P1 PMPM 1915(b)(3) Service Cost Projection (T+V)	Base Year PMPM Administration Costs* (Same as G13-G18)	Administration Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Total P1 PMPM Administration Cost Projection (X+Z)	
10	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 0.02	2.5%	\$ 0.00	\$ 0.02	\$ 3.18
11	MEG 2 SCHIP (Medikids)	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	2.5%	\$ -	\$ -	\$ 0.09
12	Total													
13	P1 PMPM Casemix for BY (BY MMIs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 0.02	2.5%	\$ 0.00	\$ 0.02	\$ 3.12
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	Medicaid Eligibility Group (MEG)	P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
26		P1 PMPM Incentive Cost Projection (Same as E30-E35)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P2 PMPM Incentive Cost Projection (P+R)	P1 PMPM 1915(b)(3) Service Cost Projection (Same as F30-F35)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P2 PMPM 1915(b)(3) Service Cost Projection (T+V)	P1 PMPM Administration Cost Projection (Same as G30-G35)	Administration Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	
27	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 0.02	2.5%	\$ 0.00	\$ 0.02	\$ 3.23
28	MEG 2 SCHIP (Medikids)	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	2.5%	\$ -	\$ -	\$ 0.09
29	Total													
30	P2 PMPM Casemix for BY (BY MMIs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 0.02	2.5%	\$ 0.00	\$ 0.02	\$ 3.18
31														
32														
33														
34														
35														
36														

Appendix D6. RO Targets

B	C	D	E	F	G	H	I	J	K	L	M	N	O
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State of Florida

Projection for Upcoming Waiver Period

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, Q11)	24,024,636	\$ 3.14	\$ -	\$ -	\$ 0.02	\$ 3.16	\$ 3.14
MEG 2 SCHIP (Medikids)	398,488	\$ 0.09	\$ -	\$ -	\$ -	\$ 0.09	\$ 0.09
MEG 3	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
MEG 4	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Total	24,423,124						
P1 PMPM Casemix for BY (BY MMs)		\$ 3.09	\$ -	\$ -		\$ 3.11	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	5,883,047	\$ 18,472,728.72	\$ 132,228.39	5,997,809	\$ 18,833,080.64	\$ 134,807.80	6,039,798	\$ 18,964,925.83	\$ 135,751.55	6,103,982	\$ 19,166,463.16	\$ 137,194.16	\$ 75,977,180.25
MEG 2 SCHIP (Medikids)	92,902	\$ 7,955.93	\$ -	95,686	\$ 8,194.34	\$ -	102,592	\$ 8,785.76	\$ -	107,308	\$ 9,189.62	\$ -	\$ 34,125.65
MEG 3	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	#REF!
MEG 4	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	#REF!
Total	5,975,949	#REF!		6,093,495	#REF!		6,142,390	#REF!		6,211,290	#REF!		#REF!

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	24,948,420	\$ 3.20	\$ -	\$ -	\$ 0.02	\$ 3.23	\$ 3.20
MEG 2 SCHIP (Medikids)	467,490	\$ 0.09	\$ -	\$ -	\$ -	\$ 0.09	\$ 0.09
MEG 3	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
MEG 4	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Total	25,415,910						
P2 PMPM Casemix for BY (BY MMs)		#REF!	#REF!	#REF!		#REF!	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			Total P2 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include Incentives	64.10 WAV Administration Costs	
MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	6,135,771	\$ 19,647,752.77	\$ 141,356.37	6,220,775	\$ 19,919,949.62	\$ 143,314.70	6,276,207	\$ 20,097,452.05	\$ 144,591.75	6,315,667	\$ 20,223,809.49	\$ 145,500.83	\$ 80,463,727.56
MEG 2 SCHIP (Medikids)	110,460	\$ 9,819.96	\$ -	114,735	\$ 10,200.01	\$ -	119,010	\$ 10,580.06	\$ -	123,285	\$ 10,960.11	\$ -	\$ 41,560.16
MEG 3	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	#REF!
MEG 4	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	-	#REF!	#REF!	#REF!
Total	6,246,231	#REF!	#REF!	6,335,510	#REF!	#REF!	6,395,217	#REF!	#REF!	6,438,952	#REF!	#REF!	#REF!

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State of Florida

Projection for Upcoming Waiver Period

Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 - xx/xx/xx - xx/xx/xx

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs Start 7/1/2002	Q2 Quarterly Projected Costs Start 10/1/2002	Q3 Quarterly Projected Costs Start 1/1/2003	Q4 Quarterly Projected Costs Start 4/1/2003
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ 18,472,728.72	\$ 18,833,080.64	\$ 18,964,925.83	\$ 19,166,463.16
64.21U Waiver Form	MEG 2 SCHIP (Medikids)	\$ 7,955.93	\$ 8,194.34	\$ 8,785.76	\$ 9,189.62
64.9 Waiver Form	MEG 3	#REF!	#REF!	#REF!	#REF!
64.9 Waiver Form	MEG 4	#REF!	#REF!	#REF!	#REF!
		#REF!	#REF!	#REF!	#REF!

Projected Year 2 - xx/xx/xx - xx/xx/xx

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs Start 7/1/2003	Q6 Quarterly Projected Costs Start 10/1/2003	Q7 Quarterly Projected Costs Start 1/1/2004	Q8 Quarterly Projected Costs Start 4/1/2004
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ 19,647,752.77	\$ 19,919,949.62	\$ 20,097,452.05	\$ 20,223,809.49
64.21U Waiver Form	MEG 2 SCHIP (Medikids)	\$ 9,819.96	\$ 10,200.01	\$ 10,580.06	\$ 10,960.11
64.9 Waiver Form	MEG 3	#REF!	#REF!	#REF!	#REF!
64.9 Waiver Form	MEG 4	#REF!	#REF!	#REF!	#REF!
		#REF!	#REF!	#REF!	#REF!

V W X Y Z AA AB AC AD AE AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

Projection for Upcoming Waiver Period

Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1 -xx/xx/xx - xx/xx/xx

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	
		From Column G (Administration)	
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ 3.14	
64.21U Waiver Form	MEG 2 SCHIP (Medikids)	\$ 0.09	
64.9 Waiver Form	MEG 3	#REF!	
64.9 Waiver Form	MEG 4	#REF!	
64.10 Waiver Form	All MEGS	\$ 0.02	

Projected Year 1 -xx/xx/xx -xx/xx/xx

		RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Actual Costs			Q2 Quarterly Actual Costs			Q3 Quarterly Actual Costs			Q4 Quarterly Actual Costs		
		Member Months Actuals Start 7/1/2002	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2002	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MEG 2 SCHIP (Medikids)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MEG 3			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MEG 4			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 2 - xx/xx/xx - xx/xx/xx

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	
		From Column G (Administration)	
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	\$ 3.20	
64.21U Waiver Form	MEG 2 SCHIP (Medikids)	\$ 0.09	
64.9 Waiver Form	MEG 3	#REF!	
64.9 Waiver Form	MEG 4	#REF!	
64.10 Waiver Form	All MEGS	#REF!	

Projected Year 2 - xx/xx/xx -xx/xx/xx

		RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Actual Costs			Q6 Quarterly Actual Costs			Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs		
		Member Months Actuals Start 7/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2003	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MEG 2 SCHIP (Medikids)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MEG 3			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MEG 4			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Row # / Column Letter	B	C	D	E	F	G	H	I
2	Cost Effectiveness Summary Sheet Conversion Renewal							
3	State of Florida							
4								
5	Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year Per Member Per Month (PMPM) Costs					Total Actual Waiver Costs
6			BY PMPM State Plan Service Costs	BY PMPM Incentive Costs	BY PMPM 1915(b)(3) Service Costs	BY PMPM Administration Costs	BY PMPM Total Actual Waiver Costs	
9	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	23,357,698	\$ 2.98	\$ -	\$ -	\$ 0.02	\$ 3.00	
10	MEG 2 SCHIP (Medikids)	333,087	\$ 0.07	\$ -	\$ -	\$ -	\$ 0.07	
11	MEG 3	-	#REF!	#REF!	#REF!	#REF!	#REF!	
12	MEG 4	-	#REF!	#REF!	#REF!	#REF!	#REF!	
13	Total	23,690,785						
14	BY Overall PMPM for BY (BY MMs)		#REF!	#REF!	#REF!	#REF!	#REF!	
15	Total Base Year Expenditures						#REF!	
16								
17	Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					Overall BY to P1 Change (annual)
18			P1 PMPM State Plan Service Cost Projection	P1 PMPM Incentive Cost Projection	P1 PMPM 1915(b)(3) Service Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs	
21	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	24,024,636	\$ 3.14	\$ -	\$ -	\$ 0.02	\$ 3.16	5.4%
22	MEG 2 SCHIP (Medikids)	398,488	\$ 0.09	\$ -	\$ -	\$ -	\$ 0.09	19.7%
23	MEG 3	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
24	MEG 4	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
25	Total	24,423,124						
26	P1 Weighted Average PMPM Casemix for BY (BY MMs)		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
27	P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
28	Total Projected Waiver Expenditures P1 including casemix						#REF!	
29								
30	Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					Overall P1 to P2 Change (annual)
31			P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs	
34	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	24,948,420	\$ 3.20	\$ -	\$ -	\$ 0.02	\$ 3.23	2.0%
35	MEG 2 SCHIP (Medikids)	467,490	\$ 0.09	\$ -	\$ -	\$ -	\$ 0.09	3.8%
36	MEG 3	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
37	MEG 4	-	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
38	Total	25,415,910						
39	P2 Weighted Average PMPM Casemix for BY (BY MMs)		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
40	P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
41	Total Projected Waiver Expenditures P2 including casemix						#REF!	
42								
43	Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 +P2)						Overall BY to P2 Change (annualized)
44								
47	MEG 1 Medicaid (Excludes QMB, QMBR, SLMB, QI1)	48,973,056						3.7%
48	MEG 2 SCHIP (Medikids)	865,978						11.4%
49	MEG 3	-						#REF!
50	MEG 4	-						#REF!
51	Total	49,839,034						
52	P2 Weighted Average PMPM Casemix for BY (BY MMs)							#REF!
53	P2 Weighted Average PMPM Casemix for P2 (P2 MMs)							#REF!